## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 27, 2000 8:00 am Secretary of State DOCUMENT # **N97000000065** 1. Entity Name PELICAN BEACH RESORT OWNERS' ASSOCIATION, INC. 01-27-2000 90077 033 \*\*\*\*61.25 Principal Place of Business Mailing Address 1002 HIGHWAY 98 E. 1002 HIGHWAY 98 E. DESTIN FL 32541 DESTIN FL 32541-2902 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEi Number 59-34 19360 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RAYMOND, MARY ANN 1002 HIGHWAY 98 E. DESTIN FL 32541 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW: \$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition Delete TITLE woodnow. Rassbac ROSSBACH, WOODROW NAME NAME 7383 RUDGATE COURT STREET ADDRESS 4053 Onithings STREET ADDRESS CITY-ST-ZIE CINCINATTI OH 45244 CITY-ST-ZIP Destin VPD Change Addition TITLE 🔀 Delete TITLE CASEY, TOMMY NAME NAME 13707 Daman STREET ADDRESS STREET ADDRESS 459 E. MAIN CITY-ST-ZIP~ CITY-ST-ZIP Batori Rongie HENDERSON TN 38340 7081b 🛣 Change Addition TITLE ☐ Delete TITLE KANADAY, THOMAS NAME NAME homas Kahaday 3517 WOODMONT BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Nashville TN 37215 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: WARRED TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

Date

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